

NextGen: Real Time Services

User Manual

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NextGen Real Time Services

Eligibility Inquiries

Eligibility inquiries enable you to verify eligibility.

To submit an eligibility enquiry:

1. Select **Eligibility Inquiry...** from one of the defined access paths. The *Eligibility Inquiry* dialog box displays.

The screenshot shows the 'Eligibility Inquiry - Doe, John' dialog box. It contains several fields: 'Patient Insurances' (a dropdown menu), 'Requesting Physician' (a dropdown menu), 'Requesting Location' (a dropdown menu), 'Type Of Service' (a dropdown menu), 'Search Options' (radio buttons for MemberID, Name/DOB/MID, Name/DOB, and Name/MID), 'ICD-CM' (a table with columns for Code, Description, and Type), 'Date of Service' (a date picker set to 07/12/2013), 'From Date' (a date picker set to 07/12/2013), 'Thru Date' (a date picker set to 07/12/2013), 'Place Of Service' (a dropdown menu), 'Notes' (a text area), 'Deactivate Inactive Insurance' (a checkbox), and 'Ready to Submit...' (a text field). There are 'OK' and 'Cancel' buttons at the bottom right.

2. Enter field information according to the following table:

Field	Description
Patient Insurances	Select the patient's insurance(s). Note: In order for the payer to display in the Patient Insurances field, it must be listed on the <i>Insurance Listing</i> dialog box for the specified patient and it must be added to the Eligibility/Referral system.
Requesting Physician	Select the physician requesting eligibility verification.

Field	Description
Requesting Location	Select the location for the requesting physician. If there are no additional locations in the practice, this field does not display. Note: If the list in the Requesting Location field is empty, you do not have a valid provider number for that location and payer. Check the Group Information section of the Provider master file to see if the payer name and a provider number exist for the Requesting Physician.
Type of Service	Select one or more types of service.
Search Options	Select one of the following search options: MemberID, Name/DOB, Name/DOB/MID, or Name/MID. Note: If the Member ID or DOB is missing, the options are unavailable.
ICD-CM	Select a diagnosis code by clicking the Open Record  button. This field enables you to determine coverage for the treatment of a specific diagnosis. This is an optional field and cannot be submitted in batch mode.
Date of Service	Select this option to enter a single date of service. Enter the date of service or select a date using the calendar button.
From Date Thru Date	Select this option to enter a date range for the date of service. Enter the beginning date in the From Date field and enter the ending date in the Thru Date field. Click the calendar button to select the dates from the calendar.
Place of Service	Select the place of service for the encounter from the list.
Notes	Enter any additional information. The field length is a maximum of 255 characters. Note: The data in the Notes field is not sent with the transaction. It is for internal use only.
Deactivate Inactive Insurance	Select this check box to set the active indicator in the patient insurance to N , if a submission comes back with an inactive status.

3. Click Ok

The inquiry is now being processed. The **Progress** bar at the bottom of the dialog box displayed under **Ready to Submit...** shows how long it takes to process the inquiry. When the submission is successful, the system displays the response in the *Eligibility Result* window. The information is displayed in groups by type of information.

Eligibility Result

NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Real-Time Eligibility Response

Search Criteria:

+ Expand All - Collapse All

Transaction Information

Transaction Details

Trace ID:
Date/Time: 20130716/1551

Terminal: 13612346
Sender: WEBMD

Payer Details

Payer Name: SURE PAY INSURANCE
Payor Identification: 00002

Requester Details

Requester Name: SMITH
Federal Taxpayers Identification Number: 3334212

Benefit Disclaimer: THE PROVIDED INFORMATION IS NOT A GUARANTEE OF COVERAGE. ACTUAL BENEFITS ARE DETERMINED ONLY WHEN THE CLAIM IS RECEIVED. NOTE CERTAIN PROCEDURES MAY REQUIRE APPROVAL.

4. Scroll down to view plan coverage.
5. To search for specific criteria, type a key word in the **Search Criteria** field, and then click **Search**.
6. To print a copy of the eligibility response for your records click the **Print** button or click **Print** in the center of the bar at the top of the window.
7. Use **Expand All** or **Collapse All** on the bar at the top of the window to expand or collapse all of the sections in the response window.
8. To expand or collapse a particular section, use the **+** and **-** signs, respectively.
9. Click Close.

Note: Each time an inquiry is submitted and a response is received, a significant event is logged. When a response is received, a Chart Note is recorded under Eligibility Results with the status of the inquiry.

Submitting Inquiries in Batch Mode

Batch mode is used to process eligibility inquiries and claim status inquiries. You can create a job in Background Business Processor (BBP) to schedule a batch to run automatically at set intervals. Running inquiries in batch mode provides you with a more efficient process that saves time.

Prior to running inquiries in batch mode, you must set up a library based on the type of inquiring:

- Eligibility Profiles
- Claim Status Profile these libraries should be created for the following financial classes:
 - Commercial

- Medicaid
- Medicare
- Blue Cross

Reference: For information on setting up the Eligibility Profile or Claim Status Profile library, refer to the RTS Libraries Used for Batch Processing chapter in this guide.

Submitting Eligibility Inquiries in Batch Mode

Eligibility inquiries can be submitted in batch mode from the *Appointment Lookup* and *Encounter Lookup* dialog boxes using BBP. You can submit several inquiries at one time in batch mode or elect to process them one at a time.

Prior to submitting eligibility inquiries in batch mode, you must create a job in BBP for **RTS Eligibility Responses**. After the batch is submitted, BBP processes the batch and returns a response to NextGen Practice Management for inquiries. You can also schedule a batch to run automatically at set intervals through BBP.

Before you can run eligibility inquiries in batch mode, you must set up the Eligibility Profiles library. This library enables you to set up rules to automatically complete the required fields and additional data in batch mode that you would manually enter on the *Eligibility Inquiry* dialog box in real time.

Setting Up an Eligibility Batch to Run Automatically

You can schedule eligibility inquiries to run in batch mode automatically at set intervals through BBP. The batch is generated from the Appointment List.

To run a batch automatically:

1. In BBP, create an **RTS Eligibility Requests** job to schedule batches to run automatically at set intervals.
 - Reference: For information on creating a job in BBP for eligibility requests, refer to Creating an RTS Eligibility Requests Job and Creating a Schedule in the *NextGen Background Business Processor User Guide*.
2. In BBP, create an **RTS Eligibility Responses** job to receive a response.
 - Reference: For information on creating a job in BBP for Eligibility Responses, refer to Creating an RTS Eligibility Responses job in the *NextGen Background Business Processor User Guide*.
3. In File Maintenance, set up an Eligibility Profiles library defining the rules for submitting eligibility inquiries in batch mode.
 - Reference: For information on setting up the Eligibility Profile library, refer to Creating an Eligibility Profiles Library in this guide.
4. In File Maintenance, click **Master Files – System list > Payers > Practice tab > Libraries** sub-tab.
 - The Modify Payer Information dialog box displays.
5. Attach the Eligibility Profile Library to the payer and click **Ok**.

6. Make sure you have completed the instructions in the Setup Procedures chapter of this manual for setting up inquiries.

When you complete these steps, eligibility inquiries are automatically generated from the Appointment List according to the job schedule in BBP.

Running an Eligibility Batch Manually

Eligibility inquiries can be submitted in batch mode from the *Appointment Lookup* and *Encounter Lookup* dialog boxes, manually. You can submit several inquiries at one time batch mode, but elect to process them one at a time.

To run a batch manually:

1. In BBP, create an **RTS Eligibility Responses** job to receive a response.
 - Reference: For information on creating a job in BBP for eligibility response, refer to *Creating an RTS Eligibility Responses Job* in the *NextGen Background Business Processor User Guide*.
2. In File Maintenance, set up an Eligibility Profiles library defining the rules for submitting eligibility inquiries in batch mode.
 - Reference: For information on setting up the Eligibility Profile library, refer to *Creating an Eligibility Profiles Library* in this guide.
3. In File Maintenance, click **Master Files – System > Payers > Practice tab > Libraries** sub-tab.
 - The *Modify Payer Information* dialog box displays.
4. Attach the Eligibility Profile Library to the payer and click **Ok**.

Modify Payer Information - Sure Pay Insurance

Payer Defaults - 1 | Defaults - 2 | System | **Practice** | Alt Payer | External | Co-Pays | Order Module

Claim Edit Library: Blue Cross Edits

Type of Service Library: Service Type 1

Place of Service Library:

Claim Print Library: Claim Print Library

Encounter Rate Library: Enc Rate Billing Library 1

Managed Care Contract:

Eligibility Profile Library: **Sure Pay Insurance**

Claim Status Profile Library:

Remittance Profile Library:

Behavioral Health Billing Library:

Statement Library: When Primary, When Secondary, When Tertiary

Modifiers Library:

Claims | Secondary References | Other | UB | Transactions | **Libraries**

Who/When

OK Cancel

5. Make sure you have completed the instructions in the Setup Procedures chapter of this manual for setting up inquiries.
6. In Practice Management, click the **Tasks** menu > **Lookup** > **Appointments or Encounters**.
 - The *Appointment Lookup* or *Encounter Lookup* dialog box displays depending on whether you are submitting the inquiring form an appointment or encounter.
7. Enter the search criteria and click **Find**.

Encounter Lookup

Search Criteria

Bill Status: Financial Class: Enc Nbr: Billable Dt: From: To: Rendering Physician:

Last Name: First Name: Patient Type: Service Location:

Encounter Specific: Encounter Specific Value: Encounter Created By:

Charge Created By: Chg Create Dt: From: To: Charge Batch Info: Enc Create Dt: From: To: Claim Nbr:

Include records in a billing hold ☐

Include records without charges ☒

Include only rental billing encounters ☐

Encounter List

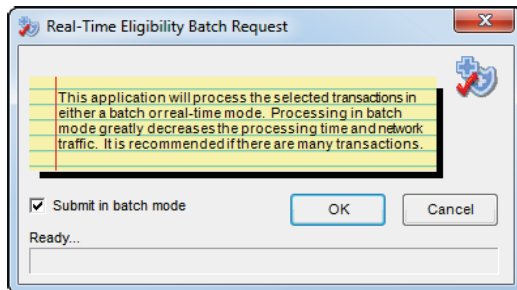
Enc Nbr	Date	Patient Name	Location	Status	Primary Payer	Financial Clas	Patient Type
829	02/07/2012	Doe, John	Northside Office	R	Sure Pay Insurance	HMO	Office Visit
828	02/07/2012	Doe, John	Northside Office	U	Sure Pay Insurance	HMO	Office Visit
819	05/11/2010	Doe, John	Northside Office	U	Patient	Self Pay	Office Visit
818	03/23/2010	Doe, John	Northside Office	U	Patient	Self Pay	Office Visit
817	03/09/2010	Doe, John	Northside Office	U	Patient	Self Pay	Office Visit
816	03/09/2010	Doe, John	Northside Office	U	Patient	Self Pay	Office Visit

Records Found: 50

Clear Find Chart Close

8. Select the appointments or encounters for the patients that you want to include in your batch submission.

- You must select more than one appointment or encounter from the list for batch processing.
9. Right-click on the patient and select **Eligibility Inquiry > Submit**.
- The *Real-Time Eligibility Batch Request* dialog box displays.



10. Verify that the **Submit in batch mode** check box is checked.
- Note: If you clear the check box, the inquiries are queued and processed one at a time in real-time mode. Step one is not required when you clear the check box.
11. Click **Ok**.
- The *Eligibility Submit* report displays.

Payer Name	Provider Name	Provider Number	Insured Name	Relation	Status	Resp Status	Error Description	Error Location
Gen Medical Practice	JONES, DR.	37492838	DOE, JANE	Self	Pending	Not Reported	Not Reported	Not Reported
Sure Pay Insurance	SMITH, JOHN	3000289	DOE, JOHN	Self	Pending	Not Reported	Not Reported	Not Reported
Sure Pay Insurance	Not Reported	Not Reported	Doe, Susan	Not Reported	Unable to submit	Not Reported	Insurance not setup for eligibility transactions	GetLastInsurance

- This report shows the inquiries that were submitted and displays the status of the submission. If a provider is not licensed for NextGen RTS the transaction does not go out and the report displays **Provider not licensed for RTS**. Use the **Error Description** and **Error Location** columns to determine why an error occurred and where to make the correction.
 - Note: When an **Unable to submit** status displays, the **Elig Status** and **Elig Response** columns on the Appointment List and Encounter List are blank, because the inquiry could not be submitted.
12. Click **X** to exit from the report.

Submitting Inquiries from a Chart

To submit an inquiry from a chart:

1. From the **Clinical History/Notes** tab on the patient chart, select **Eligibility Results** or **Referral Results** under **Chart Notes**.
 - A list of results displays in the *Details* window.
2. Right-click in the *Details* window and select the type of inquiry you want to submit.
 - The Inquiry dialog box displays for the type of inquiry you are submitting.
3. Enter the information for the inquiry and click **Ok**.
 - The results dialog box displays.
4. Click **Close**.

Resubmitting an Inquiry from a Chart

To resubmit an inquiry from a chart:

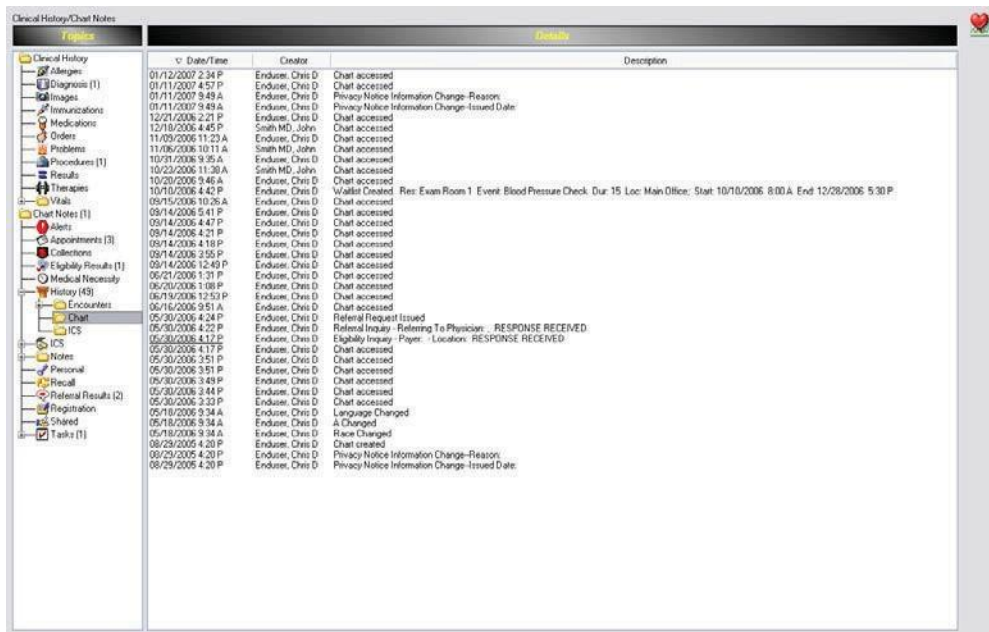
1. From the **Clinical History/Notes** tab on the patient chart, select **Eligibility Results** or **Referral Results** under **Chart Notes**.
 - A list of results displays in the *Details* window.
2. Highlight the inquiry from the list that you want to resubmit.
3. Right-click on the inquiry in the list and select **Resubmit** from the shortcut menu. The inquiry dialog box displays for the type of inquiry you are resubmitting.
4. Enter the information for the inquiry and click **Ok**.
 - The results dialog box displays.
5. Click **Close**.

Viewing Significant Events

You can view significant events through the patient's chart.

To view the significant events:

1. Click the **Chart** toolbar button > Enter the search criteria > **Find** button > Select the applicable patient chart > **Clinical History/Notes** tab.
 - The **Clinical History/Notes** tab on the patient's chart displays.
2. In the window on the left, click the plus sign to the left of **History** under Chart Notes to expand the folder.
3. Click **Chart** folder.
 - A listing of all significant events display in the *Details* window.



The screenshot shows the 'Clinical History/Chart Notes' window. On the left is a tree view with categories like Clinical History, Diagnoses, Images, Immunizations, Medications, Orders, Problems, Procedures, Results, Therapies, Chart Notes, Alerts, Appointments, Collections, Eligibility Results, Medical Necessity, History, Encounters, Chat, ICS, Notes, Personal, Recall, Referral Results, Registration, Shared, and Tasks. The 'Chart Notes' folder is expanded, and the 'Chart' sub-folder is selected. The main pane displays a table of events.

Date/Time	Creator	Description
01/12/2007 2:34 P	Enduser, Chris D	Chart accessed
01/11/2007 4:57 P	Enduser, Chris D	Chart accessed
01/11/2007 9:49 A	Enduser, Chris D	Privacy Notice Information Change-Reason
01/11/2007 9:49 A	Enduser, Chris D	Privacy Notice Information Change-Issued Date
12/21/2006 2:21 P	Enduser, Chris D	Chart accessed
12/18/2006 4:45 P	Smith MD, John	Chart accessed
11/09/2006 11:23 A	Enduser, Chris D	Chart accessed
10/29/2006 9:46 A	Smith MD, John	Chart accessed
10/21/2006 9:55 A	Enduser, Chris D	Chart accessed
10/23/2006 11:36 A	Smith MD, John	Chart accessed
10/20/2006 9:46 A	Enduser, Chris D	Chart accessed
10/10/2006 4:42 P	Enduser, Chris D	Waitlist Created: Ren: Exam Room 1 Event: Blood Pressure Check, Dur: 15 Loc: Main Office; Start: 10/10/2006 8:00 A End: 12/28/2006 5:30 P
09/15/2006 10:26 A	Enduser, Chris D	Chart accessed
09/14/2006 5:41 P	Enduser, Chris D	Chart accessed
09/14/2006 4:47 P	Enduser, Chris D	Chart accessed
09/14/2006 4:18 P	Enduser, Chris D	Chart accessed
09/14/2006 3:55 P	Enduser, Chris D	Chart accessed
09/14/2006 12:49 P	Enduser, Chris D	Chart accessed
08/21/2006 1:31 P	Enduser, Chris D	Chart accessed
06/26/2006 1:08 P	Enduser, Chris D	Chart accessed
06/19/2006 12:52 P	Enduser, Chris D	Chart accessed
06/16/2006 9:51 A	Enduser, Chris D	Chart accessed
05/30/2006 4:24 P	Enduser, Chris D	Referral Request Issued
05/30/2006 4:22 P	Enduser, Chris D	Referral Inquiry - Referring To Physician: RESPONSE RECEIVED
05/30/2006 4:12 P	Enduser, Chris D	Eligibility Inquiry - Payer: Location: RESPONSE RECEIVED
05/30/2006 4:17 P	Enduser, Chris D	Chart accessed
05/30/2006 3:51 P	Enduser, Chris D	Chart accessed
05/30/2006 3:51 P	Enduser, Chris D	Chart accessed
05/30/2006 3:49 P	Enduser, Chris D	Chart accessed
05/30/2006 3:44 P	Enduser, Chris D	Chart accessed
05/30/2006 2:23 P	Enduser, Chris D	Chart accessed
05/18/2006 9:34 A	Enduser, Chris D	Language Changed
05/18/2006 9:34 A	Enduser, Chris D	A Changed
05/18/2006 9:34 A	Enduser, Chris D	Race Changed
08/29/2005 4:20 P	Enduser, Chris D	Chart created
08/29/2005 4:20 P	Enduser, Chris D	Privacy Notice Information Change-Reason
08/29/2005 4:20 P	Enduser, Chris D	Privacy Notice Information Change-Issued Date

Creating Worklog Tasks

You can set up Worklog to automatically generate tasks in NextGen RTS for the following:

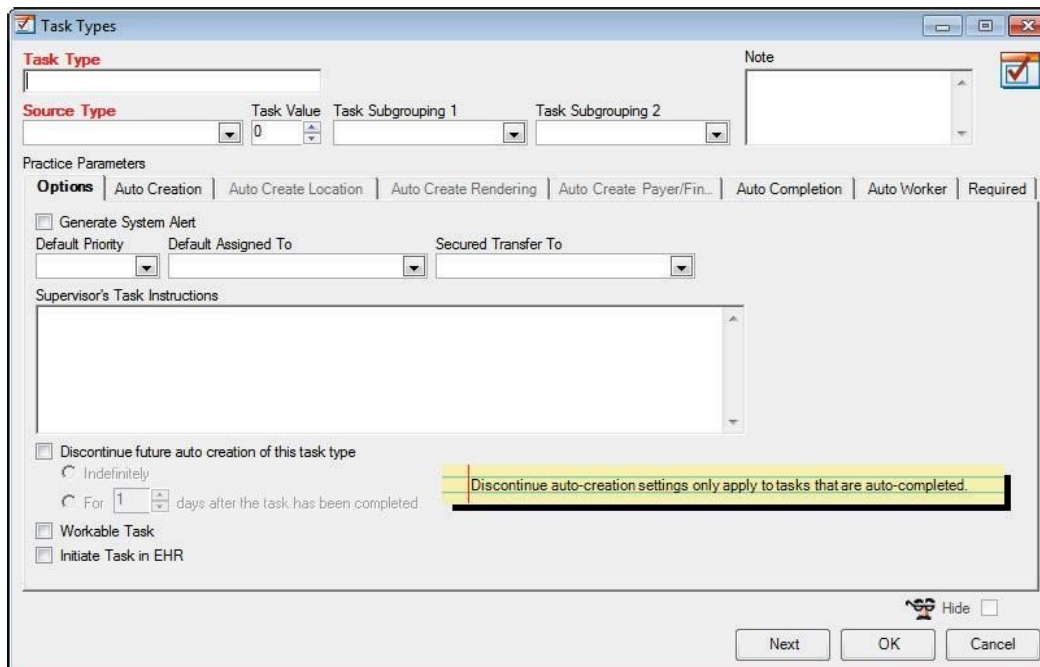
- Eligibility or referral rejections based on the reason code for the rejection
- Eligibility checks
- Claim status checks

Generating Tasks for Eligibility and Referral Rejections

You can setup Worklog to automatically generate a task when you receive an eligibility or referral rejection based on the reason for the reject.

To setup a Worklog task for eligibility or referral rejections:

1. In the File Maintenance application, click **Master Files** > **System** > **Task Types** > Click the **Open Menu**  button and select **New** or right-click in the list and select **New**.
 - The *Task Types* dialog box displays.



2. Type the name in the **Task Type** field that identifies the task, such as Eligibility Rejections or Referral Rejections.
3. In the **Source Type** list, select **Chart**. This task can only be set up with a chart source type.
4. Click the **Auto Creation** tab.

Options **Auto Creation** Auto Create Location Auto Create Rendering Auto Create Payer/Fin... Auto Completion Auto Worker Required

Default Assigned To for all selected actions

Activate	Action	Override assigned to	Processed
	Authorizations with less than 0 unit(s) remaining for <financial class/payer> <Unknown>.		Nightly
	Change of Address Update file has an invalid forwarding address record.		Immediately
	Document type of <Unknown> is posted		Immediately
	Document type of <Unknown> is posted and document type requires a signature		Immediately
☒	Eligibility inquiry rejected with a rejection code of <Unknown>		Immediately
	Encounter deleted		Immediately
	Event <Unknown> is scheduled at location <Unknown>, 0 days prior to appointment date		Nightly
	Future appointments scheduled past expiration date of eligibility		Immediately
	Future appointments scheduled past expiration date of referral		Immediately
	ICS Document sent to Patient Portal refilled and recalled from Patient Portal account. Document was not seen before being recalled from Patient Portal.		Immediately

5. Activate the applicable action by clicking in the **Activate** column next to the action:
 - **Eligibility inquiry rejected with a reject code of <Unknown>**
 - **Referral inquiry rejected with a reject code of <Unknown>**
6. Assign a user or group to the task by selecting the user or group from the **Default Assigned to for All Selected Actions** list.
7. Right-click in the **Action** cell to the right of the check mark and select **Open**.
 - The **Task Type Options** dialog box displays.

Options **Auto Creation** Auto Create Location Auto Create Rendering Auto Completion Auto Worker

Default Assigned To for all selected actions

Administrators

Activate	Action	Override assigned to	Processed
	Document type of <Unknown> requires signature		Immediately
☒	Eligibility inquiry rejected with a rejection code of <Unknown>		Immediately
	Encounter deleted		Immediately
	Event <Unknown> is scheduled at location <Unknown>, 0 days prior to appointment date		Nightly
	Future appointments scheduled past expiration date of eligibility		Immediately
	Future appointments scheduled past expiration date of referral		Immediately
	Patient status of <Unknown> is not valid		Immediately
	Print statements indicate appointment is scheduled		Nightly
	Privacy notice reason for rejection is not valid		Immediately
	Referral inquiry rejected with a rejection code of <Unknown>		Immediately

Task Type Options

Eligibility inquiry rejected with a rejection code of <Unknown>

Parameter 1:

Certification Information Missing

☐ Certification has been cancelled

☒ Certification Information Missing

☐ Certification Not Required for this Service

☐ Certification Responsibility of External Referral

☐ Date of Birth follows Date(s) of Service

☐ Date of Birth is missing or invalid

☐ Date of Death Precedes Date(s) of Service

☐ Date(s) of Service is in the future

☐ Date(s) of Service is missing or invalid

☐ Date(s) of Service not within allowable range

OK Cancel

8. Select the reason for rejection and click **Ok**.
 - The **Action** displays with the selected parameters.

Activate	Action	Override assigned to	Processed
☒	An eligibility check is needed because it is 0 day until the appointment and no eligibility check has been performed in the last 1 days		Nightly
☒	An eligibility check resulted in a response status of <Unknown>		Immediately
	Appointment from nextMD has been scheduled		Immediately
	Appointment no longer matches the resource's template due to a template exception		Immediately
	Appointment rescheduled		Immediately
	Event <Unknown> is scheduled		Immediately
	Event <Unknown> is scheduled at location <Unknown>		Immediately
	First appointment in a recurring series		Immediately
	Guarantor balance greater than \$0.00		Nightly
	Last appointment in a recurring series		Immediately

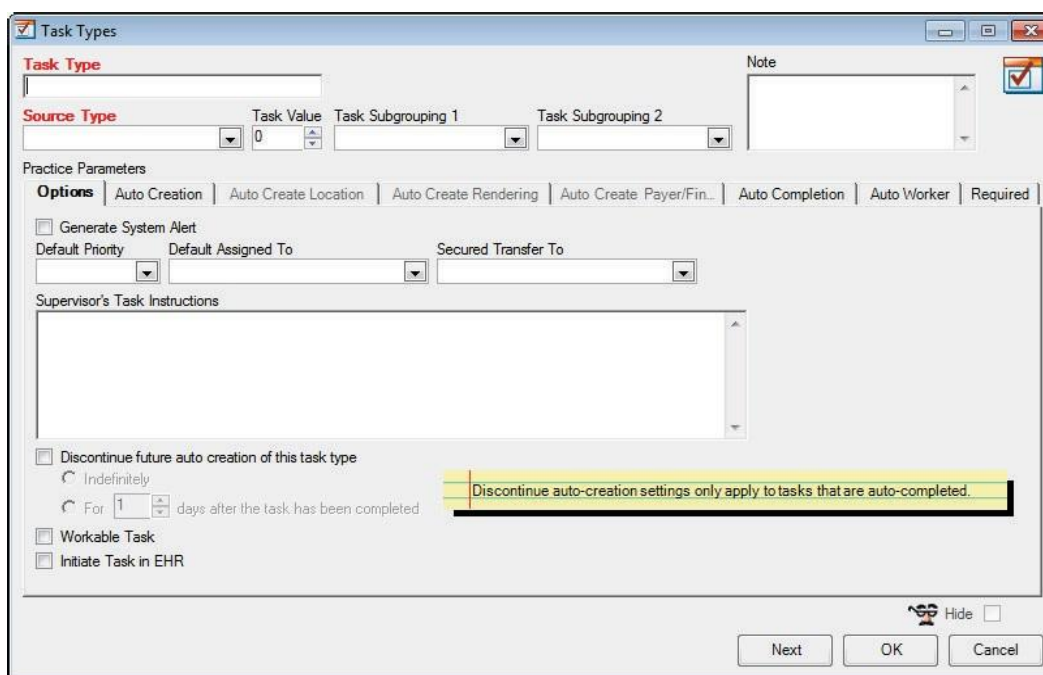
9. Click **Ok** to set up the task or **Next** to set up another task.

Generating Tasks for Eligibility Checks

You can set up Worklog to automatically generate a task for an eligibility check.

To set up a Worklog task for an eligibility check:

1. In the File Maintenance application, click **Master Files · System > Task Types** > Click the **Open Menu**  button and select **New** or right-click in the list and select **New**.
 - o The *Task Types* dialog box displays.

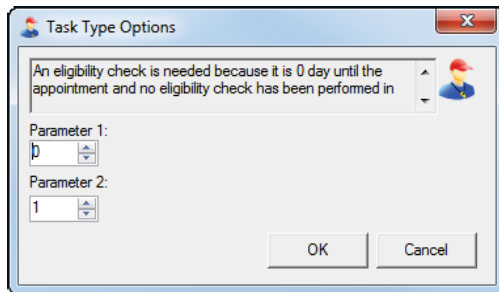


2. Type the name in the **Task Type** field that identifies the task, such as Perform Eligibility Check.
3. In the **Source Type** list, select the **Appointment** list. This task can only be set up with an appointment source type.
4. Click the **Auto Creation** tab.

Activate	Action	Override assigned to	Processed
	An eligibility check is needed because it is 0 day until the appointment and no eligibility check has been performed in the last 0 days		Nightly
	An eligibility check resulted in a response status of <Unknown>		Immediately
	Appointment from nextMD has been scheduled		Immediately
	Appointment no longer matches the resource's template due to a template exception		Immediately
	Appointment rescheduled		Immediately
	Event <Unknown> is scheduled		Immediately
	Event <Unknown> is scheduled at location <Unknown>		Immediately
	First appointment in a recurring series		Immediately
	Guarantor balance greater than \$0.00		Nightly
	Last appointment in a recurring series		Immediately

5. Activate the application action by clicking in the **Activate** column next to the action:
 - o **An eligibility is needed because it is 0 day until the appointment and no eligibility check has been performed in the last 0 days**
 - o **An eligibility check resulted in a response status of <Unknown>**

6. Assign a user or group to the task by selecting the user or group from the **Default Assigned To for all selected actions** list.
7. Right-click in the **Action** cell to the right of the check mark and select **Open**.
 - The *Task Type Options* dialog box displays.



8. Select the parameters and click **Ok**.
 - The **Action** displays with the selected parameters.

Activate	Action	Override assigned to	Processed
✓	An eligibility check is needed because it is 0 day until the appointment and no eligibility check has been performed in the last 1 days		Nightly
✓	An eligibility check resulted in a response status of <Unknown>		Immediately
	Appointment from nextMD has been scheduled		Immediately
	Appointment no longer matches the resource's template due to a template exception		Immediately
	Appointment rescheduled		Immediately
	Event <Unknown> is scheduled		Immediately
	Event <Unknown> is scheduled at location <Unknown>		Immediately
	First appointment in a recurring series		Immediately
	Guarantor balance greater than \$0.00		Nightly
	Last appointment in a recurring series		Immediately

9. Click **Ok** to set up the task or **Next** to set up another task.

Generating Tasks for Claim Status Checks

You can set up Worklog to automatically generate a task for a claim status check.

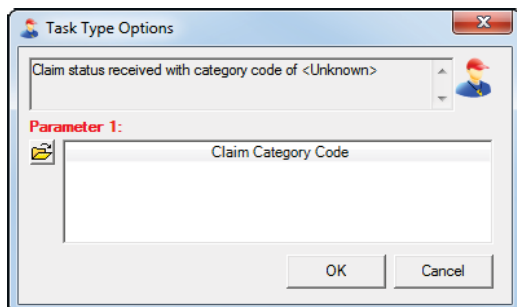
To set up a Worklog task for a claim status check:

1. In the File Maintenance application, click **Master Files • System > Task Types** > Click the **Open Menu**  button and select **New** or right-click in the list and select **New**.
 - The Task Types dialog box displays.

2. Type the name in the **Task Type** field that identifies the task, such as Perform Claim Status Check.
3. In the **Source Type** list, select the **Encounter** list. This task can only be set up with an encounter source type.
4. Click the **Auto Creation** tab.

Activate	Action	Override assigned to	Approval Pro
☒	Claim status received with category code of <Unknown>		
☒	Claim status received with message of <Unknown>		
☒	Claim status received with status code of <Unknown>		
☐	Encounter is greater than 0 days old from <Unknown> and 3rd party balance is between \$0.00 and \$0.00 for <financial class/payer> <Unknown> where <financial class/payer> is <Unknown> and encounter status in <Unknown>		
☐	Encounter is greater than 0 days old from <Unknown> and 3rd party balance is less than \$0.00 for <financial class/payer> <Unknown> where <financial class/payer> is <Unknown> and encounter status in <Unknown>		
☐	Encounter is greater than 0 days old from <Unknown> and COB1 balance is between \$0.00 and \$0.00 for <financial class/payer> <Unknown> where <financial class/payer> is <Unknown> and encounter status in <Unknown>		

5. Activate the application action by clicking in the **Activate** column next to the action:
 - **Claim status received with code of <Unknown>**
 - **Claim status received with message of <Unknown>**
 - **Claim status received with status code of <Unknown>**
6. Assign a user or group to the task by selecting the user or group from the **Default Assigned To for all selected actions** list.
7. Right-click in the **Action** cell to the right of the check mark and select **Open**.
 - The Task Type Options dialog box displays.



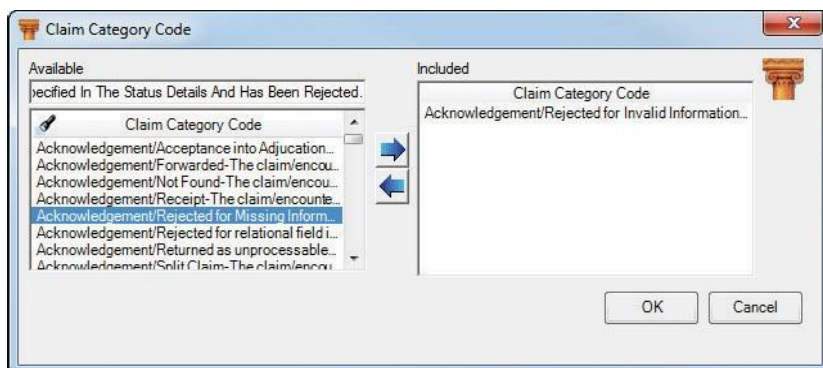
Task Type Options

Claim status received with category code of <Unknown>

Parameter 1:

Claim Category Code

OK Cancel



Claim Category Code

Available

Specified In The Status Details And Has Been Rejected.

Claim Category Code

Acknowledgement/Acceptance into Adjudication...

Acknowledgement/Forwarded-The claim/encou...

Acknowledgement/Not Found-The claim/encou...

Acknowledgement/Receipt-The claim/encounte...

Acknowledgement/Rejected for Invalid Inform...

Acknowledgement/Rejected for relational field t...

Acknowledgement/Returned as unprocessable...

Acknowledgement/Split Claim-The claim/encou...

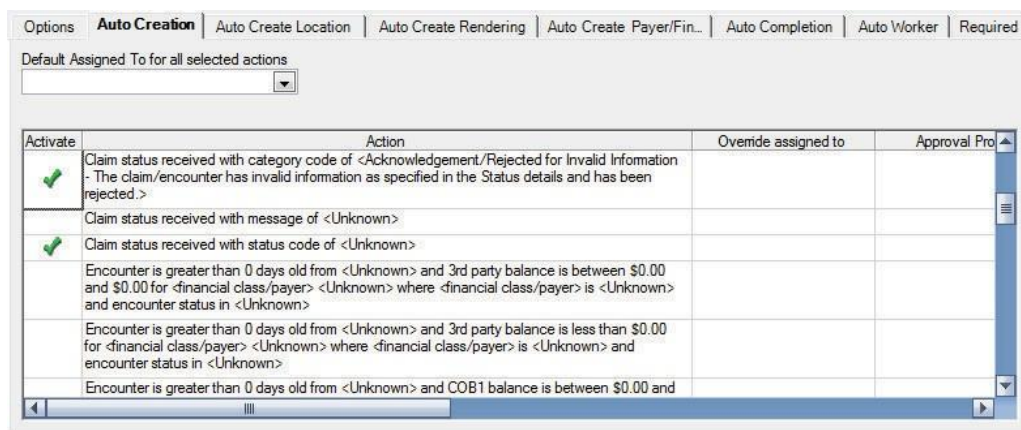
Included

Claim Category Code

Acknowledgement/Rejected for Invalid Information...

OK Cancel

8. Select the parameters and click **Ok**.
 - The **Action** displays with the selected parameters.



Options **Auto Creation** Auto Create Location Auto Create Rendering Auto Create Payer/Fin... Auto Completion Auto Worker Required

Default Assigned To for all selected actions

Activate

Activate	Action	Override assigned to	Approval Pro
☒	Claim status received with category code of <Acknowledgement/Rejected for Invalid Information> - The claim/encounter has invalid information as specified in the Status details and has been rejected.>		
☒	Claim status received with message of <Unknown>		
☒	Claim status received with status code of <Unknown>		
☐	Encounter is greater than 0 days old from <Unknown> and 3rd party balance is between \$0.00 and \$0.00 for <financial class/payer> <Unknown> where <financial class/payer> is <Unknown> and encounter status in <Unknown>		
☐	Encounter is greater than 0 days old from <Unknown> and 3rd party balance is less than \$0.00 for <financial class/payer> <Unknown> where <financial class/payer> is <Unknown> and encounter status in <Unknown>		
☐	Encounter is greater than 0 days old from <Unknown> and COB1 balance is between \$0.00 and		

9. Click **Ok** to set up the task or **Next** to set up another task.

Reports

This section provides information on the reports used in NextGen RTS. These reports include:

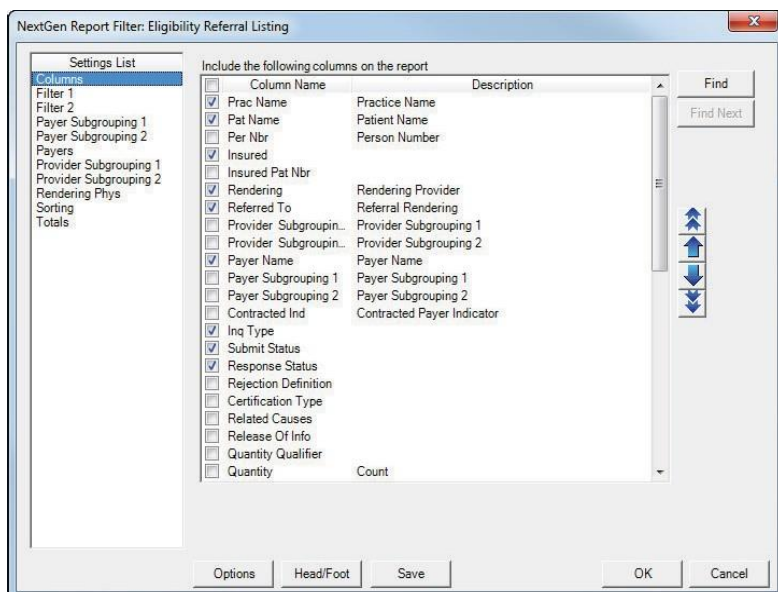
- The *Eligibility Referral Listing* report
- The *Claims Request* report

Eligibility Referral Listing Report

You can produce an Eligibility Referral Listing report to track eligibility and referral inquiries. You can generate the report for specific time periods, status, physicians, practices, payers, providers, etc. based on the report criteria you select. You can access the patient's chart by double clicking on the patient name in the report. Double click on the response status to open the eligibility response. If the item you select in the report is in either a Pending or a Submit Error status, the application states the status and nothing else displays.

To generate an Eligibility Referral Listing report:

1. Click the **Reports** menu > **General** > **Eligibility Referral**.
 - The *Report Filter: Eligibility Referral Listing* dialog box displays.



2. Select the criteria that you want to base your report on. For example, you may want the report to show listings for the current month or for an individual rendering physician.
3. Click **Ok** to generate the report.
 - The Eligibility Referral Listing report displays.
 - Reference: For information on the Toolbar buttons, refer to Using the Report toolbar (see “Syncing Payer/Provider Information” on page 24, <http://www.adobe.com>) in the *NextGen EPM User Guide*.

Pat Name	Insured	Rendering	Payer Name	Inq Type	Status	Response Status	Crt Dt	Created By
Doe, Jane	Doe, Jane	Jones, Dr.	Sure Pay Insurance	Eligibility	Successful	Active	09/11/07	Enduser, Chris
Doe, John	Doe, John	Smith, John	Sure Pay Insurance	Eligibility	Successful	Active	09/11/07	Enduser, Chris
TOTALS (2)								

4. Click **X** to exit from the report.

Eligibility Referral Listing Field Definitions

The following tables describe the columns and Filter 1 settings on the report filter.

Columns:

Column Name	Description	Populating From
Prac Name	Practice Name	Practice master file
Pat Name	Patient Full Name	Patient Maintenance
Per Nbr	Person Number	NextGen Practice Management auto-generated number not visible on any of NextGen Practice Management's windows or dialog boxes.
Insured	Name of Insured	Guarantor Maintenance
Insured Pat Nbr	Patient's HIC/Policy Number	Insurance Maintenance
Rendering	Rendering Provider (Requesting Physician)	Requesting physician from Inquiry
Referred To	Referral Rendering	Referred To field on the referral inquiry
Provider Subgrouping 1	Provider Subgrouping 1	Systems tab on the Provider Master (adds data to the list from the Requesting Physician field on the Inquiry)
Provider Subgrouping 2	Provider Subgrouping 2	Systems tab on the Provider Master (adds data to the list from the Requesting field on the Inquiry)
Payer Name	Payer Name associated with transaction	Insurance Maintenance associated with the transaction
Payer Subgrouping 1	Payer Subgrouping 1	Payer Defaults 2 tab on the Payer master (adds data to the list from the Patient Insurances field on the inquiry)

Column Name	Description	Populating From
Payer Subgrouping 2	Payer Subgrouping 2	Payer Defaults 2 tab on the Payer master (adds data to the list from the Patient Insurances field on the inquiry)
Inq Type	Type of Inquiry (Eligibility, New Referral, or Referral History)	Type of inquiry selected from the pop-up menu used to access an inquiry
Status	Status of Inquiry	System-generated based on results of the transaction
Response Status	Response Status	Received from clearinghouse
Rejection	Rejection Definition	Received from clearinghouse
Certification Type	Certification Type	Received from clearinghouse
Related Causes	Related Causes	Received from clearinghouse
Release Of Info	Release of Information	Received from clearinghouse
Quantity Qualifier	Quantity Qualifier	Received from clearinghouse
Quantity	Quantity	Received from clearinghouse
Note	Note	Inquiry
Patient	Patient Relationship	Patient chart
Number of Encs	Number of Encounters	New Referral Inquiry
Accident Date	Accident Date	Received from clearinghouse
(Client Defined 1-10)	Client-defined fields set up in Enterprise Preferences - Client Defined tab	Add/Modify Patient Information - Client Defined tab
Crt Dt	Create Date	System-generated based on the submission date of the inquiry
Created By	Created By	System-generated based on the User ID of the user who generated the inquiry
Mod Dt	Date inquiry was last modified	System-generated based on the submission date of the inquiry
Modified By	Name of the person who last modified the inquiry	System-generated based on the user ID
Loc Name	Location Name	Locations master file

Filter 1

Column Name	Description	Filter By
Create Date	Create Date	Specified create date
Statuses	Status of Inquiry	Specified status (Incomplete, Pending, Submit Error, Successful)
Inquiry Type	Type of Inquiry (Eligibility, New Referral, or Referral History)	Specified type of inquiry (Eligibility, New Referral, Referral History)

Reconciliation Reports

The RTS Reconciliation Report allows you to match the RTS monthly invoice with the monthly transaction.

To submit a reconciliation report:

1. Click the **Reconciliation Report** tab.
 - The *Reconciliation Report* tab displays.

The screenshot shows a software window titled "Eligibility Referral Lookup". It has three tabs: "Transactions", "Batches", and "Reconciliation Reports", with the last one selected. Under "Search Criteria", there are two dropdown menus: "Status" and "Create Month". To the right, there is a "Request Report" section containing a "Create Month" dropdown menu and a "Submit Request" button. At the bottom of the window are three buttons: "Clear", "Find", and "Close".

2. In the **Request Report** section, select the month in the **Create Month** field.
3. Click the **Submit Request** button.
 - A request is sent to the RTS server and BBP to generate the report. You must have the RTS reconciliation report response job set up in the BBP.
4. Use the BBP Manager to import the report from the server.
5. To view the submitted reports, select a status in the **Status** field.
6. Select an option in the **Create Month** field.
 - Note: You can leave the **Status** field blank. The **1 Month Back** option is recommended, unless you need to select a longer period of time for auditing purposes.
7. Click Find to display the results.
8. To view the report in Practice Management, Click **Reports > General > Eligibility.Referral Reconciliation**.
 - The *NextGen Report Filter: Eligibility Referral Reconciliation* dialog box displays.

NextGen Report Filter: Eligibility Referral Reconciliation

Settings List

- Columns
- Filter 1
- Payers
- Sorting
- Totals

Include the following columns on the report

Column Name	Description
☐ Prac Name	Practice Name
☒ Pat Name	Patient Name
☐ Per Nbr	Person Number
☒ Insured	
☐ Insured Per Nbr	
☒ Rendering	Rendering Provider
☒ Payer Name	Payer Name
☒ Inq Type	
☒ Submit Status	
☒ Response Status	
☐ Rejection Definition	
☒ Crt Dt	Create Date
☒ Appt Dt	Appointment Date
☒ Enc Nbr	Encounter Number
☒ Created By	Created By
☒ Svr Dt	Server Create Date
☒ Modified By	Last Modified By
☒ Loc Name	Location Name
☒ Bill Ind	Billable Indicator

Find
Find Next

Options Head/Foot Save OK Cancel

9. Use the **Settings List** column to select specific options, and then click **Ok**.

Claim Requests Report

You can generate lists of claims for specific practices, encounters, and service locations with the Claim Requests report. The **Claim Status Category Description** and the **Claim Status Description** columns are automatically populated with the results of the claim status inquiry.

To generate a Claim Requests report:

1. Click the **Reports** menu > **General** > **Claim Request**.
 - o The *Report Filter: Claim Requests* dialog box displays.

NextGen Report Filter: Claim Requests

Settings List

- Claim Forms
- Claim Types
- Columns
- Filter 1
- Filter 2
- Fin Classes
- Payers
- Rendering Phys
- Sorting
- Totals

Include the following columns on the report

Column Name	Description
☐ Prac Name	Practice Name
☒ Serv Loc	
☒ Serv Loc St	
☐ Rendering Phys	Charge Rendering Provider
☒ Encounter	Source Number
☐ Claim ID Nbr	
☒ Pat Name	Patient Name
☐ Per Nbr	Person Number
☐ SSN	Social Security Number
☐ Pat Addr	
☐ Pat CityStZip	
☐ Pat Home Phone	
☐ Pat Day Phone	
☐ Gen	Gender Code
☐ Gender Desc	Gender Description
☐ Pat BDate	
☐ Pat EMail	
☐ Pat Marital	
☐ Pat Marital Desc	
☐ Pat Veteran	
☐ Pat Student	
☐ Pat Student Desc	

Find
Find Next

Options Head/Foot Save OK Cancel

2. Select the criteria that you want to base your report on. For example, you might want the report to show listings for the current month or for an individual rendering physician.
3. Click **Ok** to generate the report.
 - The *Claim Requests* report displays.



- Reference: For information on the toolbar buttons, refer to Using the Report Toolbar (see “Syncing Payer/Provider Information” on page 24, <http://www.adobe.com>) in the *NextGen EPM User Guide*.
4. Click the **X** to exit the report.

Claim Requests Report Columns

The following tables describe the Columns and Filter 1 tabs on the report filter.

Columns

Column Name	Description	Populating From
Prac Name	Practice name	Practice Preferences
Serv Loc	Service Location	Practice Preferences
Serv Loc St	Service Location State	Practice Preferences
Rendering Phys	Rendering Physician	Chart Details sub tab on the Demographics tab on the Patient Chart
Encounter	Encounter Number	Encounter Maintenance
Claim ID Nbr	Claim identification number	Encounter Maintenance
Pat Name	Patient Name	Patient Information
Per Nbr	Person Number	NextGen Practice Management auto-generated number not visible on any of NextGen Practice Management's windows or dialog boxes.
SSN	Social Security Number	Patient Information
Pat Addr	Patient street address	Patient Information
Pat CityStzip	Patient City, State, Zip Code	Patient Information
Pat Home	Patient home phone number	Patient Information

Pat Day Phone	Patient day phone number	Patient Information
Gen	Patient gender	Patient Information
Gender Desc	Gender description	Patient Information
Pat BDate	Patient date of birth	Patient Information
Pat EMail	Patient email address	Patient Information
Pat Marital	Patient marital status	Patient Information
Pat Marital	Patient marital description	Patient Information
Pat Veteran	Indicates if patient is a veteran	Patient Information
Pat Student	Indicates if patient is a student	Patient Information
Pat Student	Student description	Patient Information
Pat Smoker	Indicates if patient is a smoker	Patient Information
Race	Patient race. The report can display multiple races within this column.	Patient Information
Pref Language	Patient language	Patient Information
Religion	Patient religion	Patient Information

Column Name	Description	Populating From
Church	Patient church	Patient Information
Pat Expired	Indicates if patient is deceased.	Insurance sub tab of the Encounter tab in Patient Chart
Pat Expired Date	Date that the patient expired.	Insurance sub tab of the Encounter tab in Patient Chart
Payer Name	Payer name	Insurance sub tab of the Encounter tab in Patient Chart
COB	Coordination of Benefits	Insurance sub tab of the Encounter tab in Patient Chart
Financial	Financial class	Encounter Maintenance
Claim Type	Indicates the type of claim.	Encounter Maintenance
Insured Name	Name of insured	Encounter Maintenance
Insured Addr	Address of insured	Encounter Maintenance
Insured CityStateZip	City, State, Zip Code of insured	Encounter Maintenance

Insured Policy	Insurance policy number of insured	Encounter Maintenance
Media Type	Indicate claim media type of either E (electronic) or P (paper).	Encounter Maintenance
Media Type Desc	Provides a description of the claim media type (Paper or Electronic).	Encounter Maintenance
Claim Form	Type of claim form: • 1500 • UB92 or UB04 • ADA	Encounter Maintenance
Req Status	Request status	Encounter Maintenance
Req Status	Request status description	Encounter Maintenance
Claim Cond	Claim condition	Encounter Maintenance
Claim Cond	Claim condition description	Encounter Maintenance
Created By	User who created claim	Modification Information
Crt Dt	Date claim created	Modification Information
Modified By	User who modified, or changed, the claim request	Modification Information
Mod Dt	Date claim modified	Modification Information
Proc Date	Date claim processed	Encounter Maintenance
Claim Status	A full description of the claim's status category.	a 277 or 277u transaction
Claim Status	A full description of the claim's status codes.	a 277 or 277u transaction
Ack Status	Acknowledgement Status description	Inbound 997 File

Filter 1

Column Name	Description
Create Date	Date claim created
Processed	Date claim processed
Request Status	Select one of the following options: • Pending • Archived

Payer Seq	Select one of the following options: • Primary • Secondary • Tertiary
Media Type	Select one or both of the following options: • Paper • Electronic
Name	Used to narrow the focus of the report to patient names that fall within the beginning and ending name range you enter. You can enter: • whole names, • partial names • first initials only
Status Cat	Status category code
Status Code	Status code